

COMMONWEALTH OF KENTUCY

Office of Housing, Buildings and Construction DIVISION OF HVAC 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5405 (502) 573-0395 Fax (502) 573-1401



JOURNEYMAN HVAC LICENSE APPLICATION

Please type or print application. All questions must be answered on both sides of this application. An application fee of \$50.00 needs to be submitted payable to Kentucky State Treasure.

Name:		
Last Address:	First	MI
	(Street, Route or Box Number)	
City:	State:	Zip:
County:	Telephone: ()
Date of Birth://	/ Social Security number:	
Company Name:		
Address:		
	(Street, Route or Box Number)	77.
City:	State:	Zıp:
County:	Telephone: (-
	Limited Journeyman HVAC Mecha Limited Journeyman HVAC Limited Journeyman HVAC enclosed: Yes - Date of exam: No (If no, license cannot be issue	AC Installer Mechanic C Duct Mechanic
Examination Score Certificate e	Limited Journeyman HV Limited Journeyman HVA enclosed:Yes - Date of exam:No (If no, license cannot be issue	AC Installer Mechanic C Duct Mechanic ed until exam is passed
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Examination Score Certificate e Are you currently an Register H	Limited Journeyman HV Limited Journeyman HVA enclosed: Yes - Date of exam: No (If no, license cannot be issue HVAC Apprentice: Yes, Registration #_ No	AC Installer Mechanic C Duct Mechanic ed until exam is passed
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7. Total HVAC exper	ience:			
(A) List the r	name and address of HVAC employ	ers and date of emp	loyment.	
Employer Name	<u>Address</u>	<u>From</u>	<u>To</u>	Phone number
(B) Number o	of HVAC work hours for which reco	ords are available: _		
<u>Title</u>	Presented by	<u>Dates</u>		<u>Hours</u>
certificate holder; re	ke, suspend, place on probation, fuse to issue or renew a license o any fraud or deceit in obtaining Applicant's S	r certificate; or repi licensure or certific	rimand o	censure, or fine a license or
		·Simular or		
STATE OF _				
County of				
The applicant, whose foregoing statement personally signed the	se name is,s subscribed to him are true to the is application.	ne best of his knowle	, bein edge and	g duly sworn declares that I belief, and that he/she has
Subscribed and swo	rn to before me this	day of		,
	Notary Public	;		

My Comm	ission expires:	
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